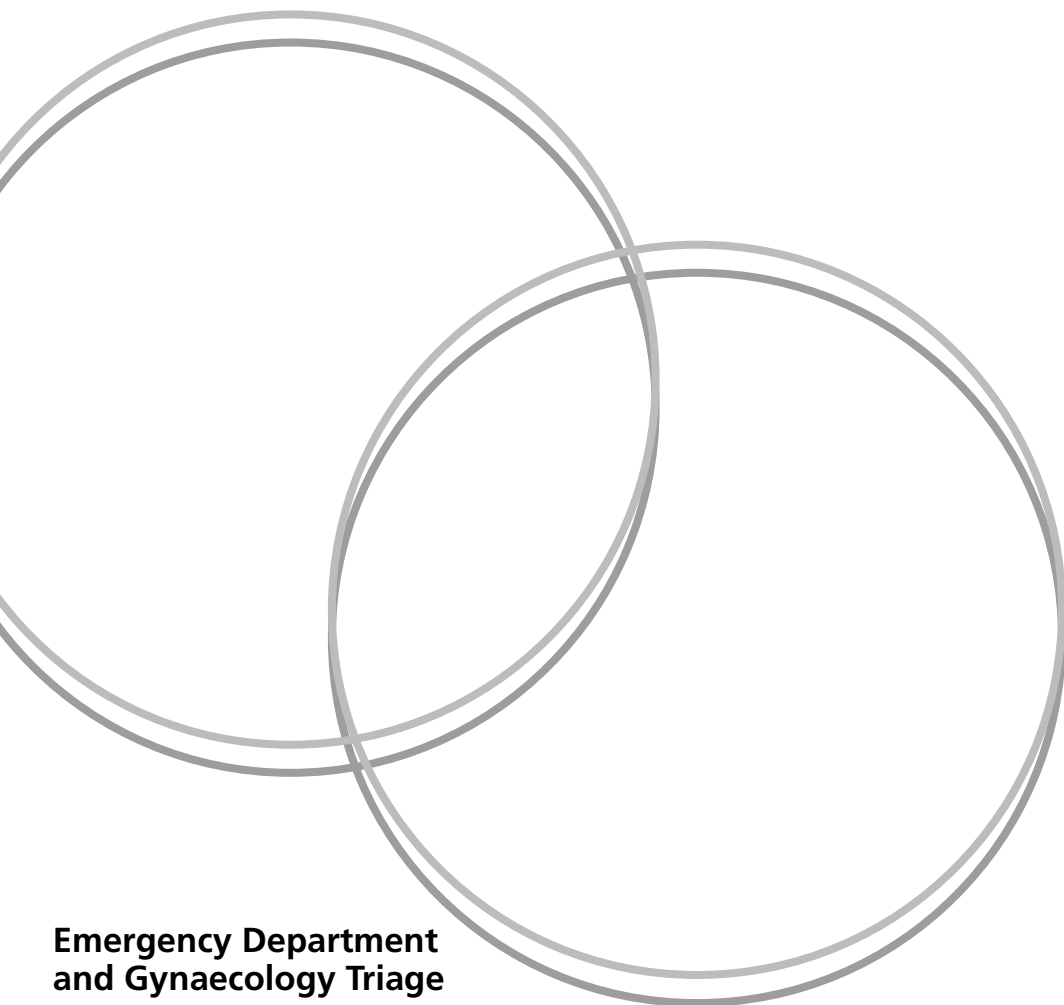




Oxford University Hospitals
NHS Foundation Trust

Information for Women with a Problem in Early Pregnancy



Emergency Department
and Gynaecology Triage

We have given you this leaflet as you have come to the Emergency Department with a problem in your early pregnancy, such as bleeding or pain.

We know that this may be an anxious time for you, so we have written this leaflet to give you some more information.

Common problems in early pregnancy

Bleeding

It is common to have some light vaginal bleeding at some point during the first 12 weeks of pregnancy. Women who have this can go on to have a healthy pregnancy. However, some women do subsequently go on to have a miscarriage.

Causes of Bleeding:

- Miscarriage
- Threatened Miscarriage
- Implantation bleeding
- Cervical changes due to pregnancy hormones (Ectropion)
- Infection
- Post coital bleeding (bleeding after sex)
- Ectopic pregnancy (pregnancy outside of the womb)
- Molar pregnancy (an abnormal fertilised egg)

Pain

Causes of pain:

- Ligament pain ('growing or stretching pains')
- Constipation
- Trapped wind
- Urinary Tract Infection
- Ectopic Pregnancy
- Miscarriage

Pain Relief

It is safe to take regular Paracetamol, as the first line pain relief throughout pregnancy, as long as you are not allergic to this medication or have been advised not to take it by your Doctor.

We do not advise that you take Nonsteroidal anti-inflammatory drugs (NSAIDs), such as Ibuprofen or Diclofenac, as a form of pain relief before 30 weeks of pregnancy.

Codeine can be taken as a form of pain relief during all stages of pregnancy, however the lowest dose for the shortest time is advised.

If in any doubt, please seek advice from your GP or the contact numbers included within this leaflet.

What should I expect while I am waiting in the Emergency Department?

In the Emergency Department, the first assessment of your symptoms will take place.

This may include:

Observations

A set of observations (blood pressure, heart rate, breathing rate, temperature and oxygen saturations) will be taken to assess your hemodynamic status.

Blood tests

There are various reasons for testing your blood; these will be taken based on the history of your presenting complaint when assessed by the Nurse or Doctor. Sometimes, certain symptoms do not indicate a need for a blood test, so please do not feel that you have been missed out at this assessment stage if a sample is not taken.

Urine sample

We will provide you with a specimen pot and ask you to provide a sample for your urine. Then your urine will be tested for pregnancy and any potential signs of infection.

If your symptoms are manageable and you do not require follow up in Gynaecology Triage during your admission, you may be advised to self refer to the Early Pregnancy Assessment Unit (EPAU) once discharged from the Emergency Department.

Otherwise, a referral will be made to Gynaecology Triage based on the priority and severity of your symptoms.

What should I expect while I am waiting in Gynaecology Triage?

In Gynaecology Triage, a second assessment will take place.

If not performed prior to transfer from the Emergency Department, we will complete blood tests and ask for a urine sample to test.

Further Investigations may include:

Internal examination

You may need to have an internal examination. The Doctor or Nurse will explain this procedure and ask for your consent verbally. You will be asked to lie on the examination couch, draw your heels up towards your bottom and allow your legs to relax outwards (like when you have a cervical smear test). The specialist may gently insert two fingers into your vagina, to examine the area, or a speculum (a small plastic instrument) may be gently inserted into your vagina and opened up to allow the specialist to see the vagina and cervix. An examination light will be used for this examination. You will be offered a chaperone for this procedure. A swab for infection may be taken.

Ultrasound

We will assess the need for an ultrasound during your admission.

Please note, in early pregnancy we are often only able to see a baby's heartbeat from 6 weeks at the earliest. Before that time, the baby is still developing.

The pregnancy ultrasound may include an abdominal ultrasound (where the probe is moved over your tummy) and/or a vaginal ultrasound.

During a vaginal ultrasound an internal probe is gently placed just inside your vagina; this gives a much clearer picture of what is happening in your pelvis.

If the scan shows that you have an ectopic pregnancy, or we are unable to identify where the pregnancy is, we may need to take

further blood samples from you to check the levels of the pregnancy hormone, HCG and your blood type. We can test this straight away at the unit and can be available within 10 minutes. If the hormone level is greater than 2000 mIU/mL we will need to send the blood sample to the hospital laboratory for an exact level measurement.

What happens next?

When the investigations have been completed, the Doctor or Nurse will talk with you about what happens next.

You may need to be referred to EPAU for:

- Repeat scan
- Blood test
- Further assessment
- To think about the treatment options available to you

You may be discharged back to the care of your GP.

You might also need to be admitted to the Gynaecology Ward for observation and further intervention.

We know this may be a difficult and an anxious time for you. Our aim is to offer sensitive and prompt care, so that whatever the outcome of your visit we are here to support you and give you time and information.

Who To Contact and When

Emergency Department

If you develop any of the following symptoms, please go to your nearest Emergency Department or call for an Ambulance:

- Severe abdominal pain (this may be only on one side)
- Shoulder tip pain (on the outside of your shoulder)
- Bleeding where you are soaking an entire sanitary pad every 30 minutes to an hour
- Passing blood clots that are the size of a 50p or bigger
- Fainting or collapse

These symptoms may be a sign that you have an ectopic pregnancy or are suffering a miscarriage that is not manageable at home.

If you are unsure of whether to attend the Emergency Department or need advice, please contact the following:

NHS 111

When you need fast advice but it is not a 999 emergency, you can call this service for free from landlines and mobile phones.

Tel. **111** (24 hours a day, 7 days a week).

Rose Hill Community Early Pregnancy Assessment Unit (EPAU)

EPAU is based in the community (not at a hospital) and care for women who are less than 16 weeks pregnant and are experiencing a problem (such a pain and/or bleeding).

You can self refer to EPAU by calling the clinic.

Rose Hill EPAU

Carole's Way
Rose Hill
Oxford
OX4 4HF

Tel. **01865 221 142**

(Mondays to Fridays 8:00am to 6:00pm).

Gynaecology Ward and Triage

Level 1, Women's Centre
John Radcliffe Hospital
Oxford
OX3 9DU

Tel. **01865 222 001** or
01865 222 002

(24 hours a day, 7 days a week).

Horton Early Pregnancy Assessment Clinic

Horton General Hospital
Oxford Road
Banbury
OX16 9AL

Tel. **01295 229 090**

(Monday to Fridays).

For any questions or pregnancy advice at 16 weeks or over please contact:

Maternity Assessment Unit
Level 2, Women's Centre
John Radcliffe Hospital
Oxford
OX3 9DU

Tel. **01865 220 221**

(24 hours a day, 7 days a week).

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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